

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/044622
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 7 | 1 | | | | | |
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| TOTAL IND. | | 2 | | | | | | |
| TOTAL DEP. | | 18 | | | | | | |
| TOTAL CLAIMS | | 20 | | | | | | |